

Clonorchiasis or Paragonimiasis?

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To the Editor: In recent Chinese Medical Journal, Sheng *et al.*^[1] reported a case with diffuse parenchymal lung diseases, which was believed to be attributed to the infection of liver fluke *Clonorchis sinensis*. However, after careful check of the available evidences in this case, we think the case was more probably caused by the infection of lung fluke *Paragonimus* spp.

Clonorchiasis is majorly caused by eating raw freshwater fish.^[2] Although it has been reported that crayfish could also cause the infection,^[3] they are not as important in epidemiology as freshwater fish.^[2] Reversely, crayfish as well as crabs are important in transmission of paragonimiasis.^[4] Adults of *C. sinensis* parasitize in the biliary system and thus could cause liver and biliary disorders.^[2] Adults of *Paragonimus* spp. mainly parasitize in lung and thus could lead to the damage of lung.^[4] Based on these two clues (epidemiological history and clinical symptoms), an infection with *Paragonimus* spp. could first be assumed in this case.

Other evidences provided by Sheng *et al.* could not challenge the diagnosis of paragonimiasis. First, immunological test is usually used as auxiliary diagnosis in parasitic diseases due to the cross-reactivity in different parasites. Our team has just evaluated the diagnosis performance of four immunological diagnosis kits for clonorchiasis in China.^[5] It is found that among the many different heterologous sera from cases with other parasitic diseases (including schistosomiasis, paragonimiasis, trichinellosis, ascariasis, hookworm disease, and trichuriasis), those from paragonimiasis show most serious cross-reactivity to the antigens of *C. sinensis*.^[5] Among ten paragonimiasis cases, the false-positive number in four diagnosis kits of clonorchiasis was three, eight, eight, and nine, respectively.^[5] Second, eosinophilia is an important indicator for many parasitic diseases including paragonimiasis.^[4] Third, as a broad-spectrum trematocidal and cestocidal drug, praziquantel is also the first choice for treatment of paragonimiasis.^[4]

In addition, the authors mentioned that the dot immunogold filtration assay established by Wang *et al.* was applied for the immunological diagnosis in this case.^[1] However, it is quite confusing that the method by Wang *et al.* in the reference is used for diagnosis of sparganosis mansoni other than clonorchiasis.^[6] Wang *et al.* showed this dot immunogold filtration assay for sparganosis mansoni has light cross-reactivity to clonorchiasis (8%) and serious cross-reactivity to paragonimiasis (52%).^[6] Although *Spirometra*

mansoni spargana could parasitize in many different human tissues, the parasitizing in lung is infrequent.^[7] What's most important is that sparganosis mansoni is usually caused by the ingestion of raw meat of frogs or snakes.^[7]

In a word, although it is ambiguous what immunological diagnosis (for clonorchiasis or sparganosis mansoni) was finally used by Sheng *et al.*, we still think this case was more probably attributed to paragonimiasis. Adult worms of *Paragonimus* spp. usually parasitize in the lung and discharge their eggs into airways, which eventually come to the outside through sputum.^[4] In some cases, ova could also be detected in feces.^[4] Thus, it is common that ova of *Paragonimus* spp. was not detected in the feces of this case. However, an examination of sputum should have been attempted in this case after the hospitalization, which probably benefits the drawing of a definitive diagnosis.

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Conflicts of interest

There are no conflicts of interest.

REFERENCES

- Sheng YJ, Xu D, Wu L, Chen ZM. Clonorchiasis complicated with diffuse parenchymal lung disease in children. *Chin Med J* 2017;130:2895-6. doi: 10.4103/0366-6999.219162.
- Qian MB, Utzinger J, Keiser J, Zhou XN. Clonorchiasis. *Lancet* 2016;387:800-10. doi: 10.1016/S0140-6736(15)60313-0.
- Tang CC, Lin YK, Wang PC, Chen PH, Tang CT, Chen TS, *et al.* Clonorchiasis in South Fukien with special reference to the discovery of crayfishes as second intermediate host. *Chin Med J* 1963;82:545-62.
- Blair D. Paragonimiasis. *Adv Exp Med Biol* 2014;766:115-52. doi: 10.1007/978-1-4939-0915-5_5.

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5. Li HM, Qian MB, Yang YC, Jiang ZH, Wei K, Chen JX, *et al.* Performance evaluation of existing immunoassays for *Clonorchis sinensis* infection in China. *Parasit Vectors* 2018;11:35. doi: 10.1186/s13071-018-2612-3.
6. Wang Y, Tang Y, Gan X. Rapid detection of specific IgG in sera of patients with infection of *Sparganum mansoni* by dot immune-gold filtration assay (in Chinese). *Chin J Zoonoses* 2008;24:319-21.
7. Liu Q, Li MW, Wang ZD, Zhao GH, Zhu XQ. Human sparganosis, a neglected food borne zoonosis. *Lancet Infect Dis* 2015;15:1226-35. doi: 10.1016/S1473-3099(15)00133-4.